

PO3 000030993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

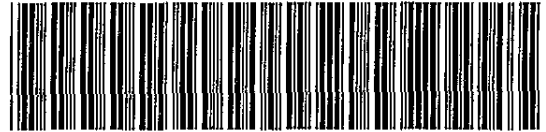
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLONIAL DRIVE SHOPPING CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 03000030993

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROY F. WOODRUFF
(Name of Person)

COMPUTER TAX & ACCOUNTING
(Name of Firm/Company)

1900 S.W. 57 AVE. STE. 2
(Address)

MIAMI, FL. 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

Roy F. Woodruff at (305) 269-0255
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COLONIAL DRIVE SHOPPING CENTER, INC.

2. The principal office address: 555 SAINT CROIX
KEY LARGO, FL. 33037

3. The mailing address (if different): 7840 S.W. 129 TERRACE
MIAMI, FL. 33156

4. Date of incorporation/qualification: _____ Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LEVI GARDNER
10723 S.W. 104TH STREET
MIAMI, FL. 33176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HAROLD NEWBURN
7840 S.W. 129 Terrace.
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FL. 33156

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)


I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

4-1-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)


(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

APR 1 2003
CORPORATION DIVISION
TALLAHASSEE, FLORIDA